

ORIGINAL  
FILE COPY

completed on the reverse side

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

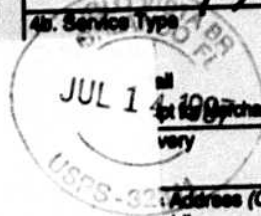
3. Article Addressed to: **970347**

4a. Article Number **970144**

4b. Service Type

Certified  
 Insured  
 COD

John Collard  
 725 Lake Hiawassa Drive  
 Orlando FL 32835-1892



Address (Only if requested and)

Thank you for using Return Receipt Service.

*John Collard*  
 PS Form 3811, December 1984

Domestic Return Receipt

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- NAS \_\_\_\_\_
- TH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
**07218 JUL 18 85**  
 FPSC-RECORDS/REPORTING